ドラング	MIC	SOURI STATE	BOARD OF HEAL	TU	, [
192 ₆	IAII		ITAL STATISTICS	16	4
	10.0	CERTIFIC	ATE OF DEATH		1018/
1. PLACE OF DEAT	macon			•	13174
County	UDO Dom		1. h. V 0		
	2.2	Registration Distric	1/2/4	File No	
Township	0////201	Primary Registratio	n District No	Registered No	
City		(No		St.	
2. FULL NAME	John Fr	7 W. Olo	دری		
(a) Residence N	lo.		Ward	***************************************	*******************************
(Uզայան∫ թե	ice of abode)	•		(If nonresident give city o	r town and State)
Length of residence in cit	ly or town where death occurre	d yra. mos	ds. How long in U.S	., il of foreign hirth? y	rs. mor. da.
. PERSONAL	AND STATISTICAL PA	ARTICULARS	MEDICAL	CERTIFICATE OF DE	ATH
3. SEX 4. C	OLOR OR RACE 5. Sing	LE, MARRIED, WIDOWED OR		72/	1 /10 0
1/2 1/2		DECED (write the word)	16. DATE OF DEATH (MONTI	I, DAY AND YEAR)	1/2 194)
Male	duite st	male	17.	/ "	
5a. IF MARRIED, WIDOWE HUSBAND OF	D, OR DIVORCED		11 (1)/// 1 / /	TIFY, That I attended do	
HUSBAND OF (OR) WIFE OF		•		,1974, to	
		•	that I last saw h	agree 12	, 195 19 end the
6. DATE OF BIRTH (M	ONTH, DAY AND YEAR) 27	10000 7 18	death occurred, on the date stated		
7. AGE 46 YEARS	MONTHS DA	I LESS than 1	THE CAUSE OF DEAT	H ⁴ WAS AS FOLLOWS:	
4		day,hrs.		Ω	1
W 0	9 115	5 <u>∞r</u> min.	Huemorr	have of to	muels
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• • • • • • • • • • • • • • • • • • •		1/	The Bring a has	1// 1//	A land also
8. OCCUPATION OF D	^	15	and be	forathon	owels.
(a) Trade, profession	a ce la in	15	and be	forathon (duration)	1 bowels.
(a) Trade, profession perficular kind of wo	" Railro	adain, 15	and be	(duration) y	1 bowels.
(a) Trade, profession	a, ce Railro	ading 15	CONTRIBUTORY (SECONDARY)	facilition (duration)	of bowels.
(a) Trade, profession particular kind of wo (b) General nature of business, or establish	a, ce Railro	ading 15	(SECONDARY)		1 bowels.
(a) Trade, profession particular kind of wo (b) General nature of business, or establish	a, or Ariles of industry, ament in employer)	ading 15	(SECONDARY)	(duration)yra	1 bowels.
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(a) Trade, profession particular kind of wo (b) General nature of husiness, or establish which employed (or (c) Name of employed (STATE OR COUNTRY)	or Railton	Court my	(SECONDARY) 18. WHERE WAS DISEASE CONTRA	(deration) , yra	
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(a) Trade, profession particular kind of wo (b) General nature of husiness, or establish which employed (or (c) Name of employed (or (c) Name of employed (or (STATE OR COUNTRY)) 10. NAME OF FAT 11. BIRTHPLACE OF (STATE OR COUNTRY) 25. (STATE OR COUNTRY) 26. (STATE OR COUNTRY) 27. (STATE OR COUNTRY) 28. (STATE OR COUNTRY) 29. (STATE OR COUNTRY) 20. (STATE OR COUNTRY)	or print and the second of industry, ament in employer). OR ADDEN ALLE TANGLES OF FATHER (CITY OR TOWN) ANIRY)	Court my Rand Willed Rand Willed Park Marie Contraction Contractio	(SECONDARY) 18. WHERE WAS DISEASE CONTRA IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGE ### 12 , 18-2 ((Address)) ### 2 , 18-2 ((Address))	CTED CTED COLUMN (duration) CTED COLUMN (duration) CTED CTED	M.D. M.D. VIOLENT CAUSES, STATE
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(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foréman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

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"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles: Whooping cough; Chronic valvular heart disease: Chronic interstitial naphritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, istanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celluiitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.		
AV.	1. PLACE OF DEATH County ACOM Township City (No.	Registration District Primary Registration	11211	egistered No			
	(s) Residence. No	yrs. mos.		ident give city o	r town and State)		
	PERSONAL AND STATISTICAL PARTICU	MEDICAL CERTIFICATE OF DEATH					
	3. SEX 4. COLOR OR RACE 5. SINGLE, MAR DIVORCED (2) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	RIED WIDOWED OR	19	hat I attended de	1926 ceased from		
ГНЕУ	C PATE OF ODDING			••••••			
TES UNTIL	DATE OF BIRTH (MONTH, DAY AND YEAR) AGE YEARS MONTHS DAYS OCCUPATION OF DECEASED	If LESS than 1 day,	THE CAUSE OF DEATH WAS AS IN THE CAUSE OF TH	OLIVS:	bourels accels		
CERTIFICAT	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		CONTRIBUTORY has start (secondary)	ration of	brolly do		
	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER		18. WHERE WAS DISEASE CONTRACTED IF NOT AY PLACE OF DEATH TO THE DID AN OPERATION PRECEDE DEATH TO THE DEATH	DATE OF			
NOT RE.	(STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	What test confirmed diagnosis?, M. D (Signed), M. D , 19 (Address) *State the Dibrase Causing Drate, or in deaths from Violent Causes, state (1) Mrans and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
SHALL	13. BIRTHPLACE OF MOTHER (CITY TOWN)						
EGISTRARS	14. [INFORMANT	000	19. PLACE OF BURIAL, CREMATION, OF	REMOVAL	DATE OF BURIAL		
REG	15. FILED 4/12 1926 WANK	CK (MK) REGISTRAR	20. UNDERTAKER		ADDRESS		
:							

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